

**Statement of Registration**

FOREIGN Limited Partnership

→ Filing Fee: \$100.00 minimum

RECEIVED  
 DEPT. OF STATE STAMP  
 3 SVCS DIV

2023 APR -6 A 10:12

FOR  
 REGISTRATION STATE  
 DEPT. OF STATE

Pursuant to the provisions of RIGL 7-13.1-1003, the undersigned foreign limited partnership hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:



1. The name of the limited partnership is:		
CONTINENTAL INTERMODAL GROUP LP		
The name, if different, which it elects to use in Rhode Island is:		
2. The limited partnership is organized under the laws of:	3. The date of its formation is:	
DELAWARE	10/01/2013	
4. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
LOGISTICS		
5. The name and address of the registered agent/office in Rhode Island is:		
Agent Name FILEJET INC.		
Street Address (NOT a P.O. Box) 1 TURKS HEAD PL., FL. 11		
City/Town PROVIDENCE	State RHODE ISLAND	Zip Code 02903
6. The Department of State is appointed the agent of the foreign limited liability partnership for service of process if, at any time, there is no registered agent or if the registered agent cannot be found or served following the exercise of reasonable diligence.		

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

FILED  
 STAMP  
 APR 06 2023  
 10:12 BY ML: CØP4

7. The address, if applicable, of the office required to be maintained in the state or country of its organization is:

8. The name and business address of each general partner is:

GENERAL PARTNER	BUSINESS ADDRESS
DANYA FORD	5049 EDWARDS RANCH RD. STE 200, FT. WORTH TX 76109

9. The address of the foreign limited partnership's principal place of business is:

Address 5049 EDWARDS RANCH RD. STE 200

City/Town FORT WORTH	State TX	Zip Code 76109
-------------------------	-------------	-------------------

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this Statement of Registration for a limited partnership will be effective: **CHECK ONE BOX ONLY**

Date received (upon filing)

Later effective date (date must be no more than 90 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined this Statement of Registration, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of General Partner DANYA FORD	Date 4/5/2023
---	------------------

Signature of General Partner  
*Danya Ford, General Partner*


# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONTINENTAL INTERMODAL GROUP LP" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF MARCH, A.D. 2023.



  
Jeffrey W. Bullock, Secretary of State

5407597 8300

SR# 20231250851

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203055687

Date: 03-31-23